

**BCA-5.25**

(Rev. Jan. 2003)

**AFFIDAVIT OF COMPLIANCE FOR SERVICE  
ON SECRETARY OF STATE UNDER THE  
BUSINESS CORPORATION ACT**
File # *645594 78*

Jesse White  
Secretary of State  
Department of Business Services  
Springfield, IL 62756  
217-524-6748  
[www.cyberdriveillinois.com](http://www.cyberdriveillinois.com)

Remit payment in check or money  
order payable to Secretary of State.

**FILED**

**FEB 28 2008**  
**JESSE WHITE**  
**SECRETARY OF STATE**

**SUBMIT IN DUPLICATE**Date: *2-28-08*

Filing Fee: \$10

Approved: *ZJB*

## 1. Title and Number of Case:

Laborers Pension Fund, et al. first named plaintiff  
 v.  
 IL Bricklayer, Inc. first named defendant

Number 08 C 7812. Name of corporation being served: IL Bricklayer, Inc.3. Title of court in which an action, suit or proceeding has been commenced: USDC, N. Dist. E. Div.4. Title of instrument being served: Summons and Complaint

## 5. Basis for service on the Secretary of State: (check and complete appropriate box)

- a.  The corporation's registered agent cannot with reasonable diligence be found at the registered office of record in Illinois.
- b.  The corporation has failed to appoint and maintain a registered agent in Illinois.
- c.  The corporation was dissolved on \_\_\_\_\_, \_\_\_\_\_; the conditions of paragraphs (a) or (b) above exist; and the action, suit or proceeding has been instituted against or has affected the corporation within five (5) years thereafter.
- d.  The corporation's authority to transact business in Illinois has been withdrawn/revoked (circle one) on \_\_\_\_\_, \_\_\_\_\_.
- e.  The corporation is a foreign corporation that has transacted business in Illinois without procuring authority, contrary to the provisions of the Business Corporation Act of 1983.

6. Address to which the undersigned will cause a copy of the attached process, notice or demand to be sent by certified or registered mail: C/O Maciej Spitsa, 870 E. Higgins Road #140L, Schaumburg, IL 60173

## 7. The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

*Christie C. C.*

Signature of Affiant

*February 28*

Month &amp; Day

*2008*

Year

( 312 ) 692-1540

Telephone Number

## Return to (please type or print clearly):

Fund Counsel, Laborers Pension Fund,  
 Name   
111 W. Jackson Blvd., Suite 1415   
 Street   
Chicago, IL 60604   
 City/Town  State  ZIP

**TENDERED CHICAGO  
CORP. DEPARTMENT****FEB 28 2008****ACCEPTANCE AND "FILED" DATE  
ESTABLISHED ONLY AFTER  
REVIEW**

**UNITED STATES DISTRICT COURT**  
**NORTHERN DISTRICT OF ILLINOIS**

**SUMMONS IN A CIVIL CASE**

LABORERS' PENSION FUND AND LABORERS'  
WELFARE FUND OF THE HEALTH AND  
WELFARE DEPARTMENT, ETC., ET AL.,

CASE NUMBER:

**08 C 781**

V.

ASSIGNED JUDGE:

JUDGE LEFKOW

MAGISTRATE JUDGE MASON

BRICKLAYER, INC., a dissolved Illinois corporation,  
MACIEJ SPITZA, individually and d/b/a BRICKLAYER,  
INC., and IL BRICKLAYER, INC., an Illinois Corporation,  
d/b/a BRICKLAYER, INC.

DESIGNATED

MAGISTRATE JUDGE:

**RECEIVED**

FEB 28 2008

JESSE WHITE  
SECRETARY OF STATE

TO: (Name and address of Defendant)  
  
IL Bricklayer, Inc  
c/o Maciej Spitza  
870 East Higgins Rd #140L  
Schaumburg, IL 60173

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Patrick T. Wallace, Jerrod Olszewski  
Christina Krivanek, Amy N. Carollo, Charles Ingrassia  
Office of Fund Counsel  
111 W. Jackson Blvd., Suite 1415  
Chicago, IL 60604

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an answer to the complaint which is herewith served upon you, within \_\_\_\_\_ days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

**Michael W. Dobbins, Clerk**

*Nadine Shirley*

(By) DEPUTY CLERK

**February 5, 2008**

Date



AO 440 (Rev. 05/00) Summons in a Civil Action.

**RETURN OF SERVICE**

Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE
NAME OF SERVER (PRINT)	TITLE

*Check one box below to indicate appropriate method of service* Served personally upon the defendant. Place where served: \_\_\_\_\_ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: \_\_\_\_\_

 Returned unexecuted: \_\_\_\_\_ Other (specify): \_\_\_\_\_**STATEMENT OF SERVICE FEES**

TRAVEL	SERVICES	TOTAL

**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on \_\_\_\_\_ Date \_\_\_\_\_ Signature of Server \_\_\_\_\_

Address of Server \_\_\_\_\_

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.